



City of Albuquerque

HUMAN RESOURCES

Background Investigation Waiver and Release Form

VOLUNTEER PROGRAMS

In connection with my application for consideration to be placed as a volunteer with the City of Albuquerque, I understand that investigative reports may be requested on me. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, along with other public records available.

I voluntarily and knowingly authorize any law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information.

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for placement as a volunteer with the City of Albuquerque.

I will provide a list of every state I have lived in and all former names and aliases on this Authorization Form.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agency and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

Power to refuse, renew or revoke placement as a volunteer:

The City shall have jurisdiction over placement of volunteers within the City of Albuquerque and may refuse to grant or renew or may revoke placement to engage in participating or placement within the City of Albuquerque.

Any volunteer may be rejected for any reason, and no reason for the rejection need be given to a volunteer.

All volunteer information shall be kept safeguarded to prevent non-allowed disclosure, release, loss or misuse and to ensure that only authorized persons have access to such confidential information.

Applicant Signature

Date

APPLICANT INFORMATION – Please complete ALL blanks. Include copy of driver's license with form.

Last Name _____		First Name _____		Full Middle Name _____		Social Security Number _____	
Maiden Name _____		Other Names, Nicknames or Aliases used _____				Date of Birth (Month/Day/Year) _____	
Present Address _____	Number/Street/Quadrant _____	City _____	State _____	Zip Code _____	How Long _____		
Previous Address (Within last 7 years) _____		Number/Street/Quadrant _____	City _____	State _____	Zip Code _____	How Long _____	
Driver's License Number _____		State Issued _____	Expiration Date _____	Operator <input type="checkbox"/> _____		Commercial (CDL) <input type="checkbox"/> _____	

City of Albuquerque Information:

Department: Cultural Services – Albuquerque Museum, 2323000

Requested by: Theresa Sedillo

Job Title: Senior Office Asst - Education, 243-7255